

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**27135**

**1. PLACE OF DEATH**

72 County new modrid  
Township St. J. bur  
City St. J. bur (No.        Ward       )

Registration District No. 604  
Primary Registration District No. 5802

File No.         
Registered No.       

**2. FULL NAME**

(a) Residence, No.        St.        Ward         
(Usual place of abode)  
Length of residence in city or town where death occurred 37 yrs.        mos.        ds. How long in U. S., if of foreign birth?        yrs.        mos.        ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1864  
7. AGE YEARS 69 MONTHS 6 DAYS 21 If LESS than 1 day,        hrs. or        min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         
10. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) See

13. NAME unk.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

15. MAIDEN NAME unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

17. INFORMANT (ADDRESS) Charley Orkey

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods Cemetery DATE Aug 23

19. UNDERTAKER (ADDRESS) Richard and Co. new modrid

20. FILED 8/26/1933 W. H. O'Bannon Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from mor, 1932, to Aug 22, 1933. I last saw h. Aug 22, 1933. Death is said to have occurred on the date stated above, at 6:20 m.

The principal cause of death and related causes of importance were as follows:

Cancer of Throat  
Duration 18 months  
HSP  
Other contributory causes of importance:       

Name of operation        Date of         
What test confirmed diagnosis?        Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?        Date of injury       , 19        
Where did injury occur?        (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.       

Manner of injury         
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify         
(Signed) Claude M. Rosen, M. D.  
(Address) Marston Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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